

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
03-05

2. STATE
Alaska

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
May 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
1917(c) of the Act

7. FEDERAL BUDGET IMPACT:
a. FFY 03 \$0
b. FFY 04 \$(31,000) approx.
savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 9(a) to Attachment 2.6A, Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 9(a) to Attachment 2.6A, Page 2

Alaska 103-05

10. SUBJECT OF AMENDMENT:
Transfer of Assets Penalty

Approved: 07/25/03
Effective: 05/01/03

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Does not wish to comment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

John Gaisford

13. TYPED NAME: John Gaisford

14. TITLE: Director, Division of Medical Assistance

15. DATE SUBMITTED:

16. RETURN TO:

Division of Medical Assistance
PO Box 110660
Juneau, AK 99811-0660

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: MAY 27 2003

18. DATE APPROVED: JUL 25 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

MAY -1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME:

Karen S. O'Connor

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Division of Medicaid &
Children's Health

5/22
Juneau

TRANSFER OF ASSETS

3. Penalty Date-- The beginning date of each penalty period imposed for an uncompensated transfer of assets is:

_____ the first day of the month in which the asset was transferred;

X the first day of the month following the month of transfer.

4. Penalty Period - Institutionalized Individuals--

In determining the penalty for an institutionalized individual, the agency uses:

_____ the average monthly cost to a private patient of nursing facility services in the agency;

X the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.

5. Penalty Period - Non-institutionalized Individuals--

The agency imposed a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

_____ imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

TN No. 03-05

Approval Date JUL 25 2003

Effective Date May 1, 2003

Supersedes TN 95-009